

Site Accreditation Report – Sisseton-Wahpeton Oyate DBA Dakota Pride Center

Completed: October, 2017

Levels of Care Reviewed:

Substance Use Disorder Services

Medically Monitored Intensive Treatment Program (3.7)

Review Process: Dakota Pride was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 94.7%

Combined Client Chart Review Score: 90.5%

Cumulative Score: 91.3%

ADMINISTRATIVE REVIEW SUMMARY

Strengths: The agency provides inpatient substance use treatment to clients in and around South Dakota. Dakota Pride specializes in Native American culture and this is seen in the treatment center as well as in the client's treatment. Dakota Pride has maintained long term employees, which is of benefit to the clients when it comes to their care.

Recommendations:

1. The agency has a policy and procedure on prohibiting abuse, neglect, and exploitation of a client, but it is recommended to update the policy and procedures to include all required elements according to ARSD 67:61:06:03.
2. The agency keeps client medications in a locked storage cabinet in a separate room not in a patient care area; however, the room can be accessible to clients if the door is not locked. It is recommended the medication room is locked at all times according to ARSD 67:61:08:02(3).

Plan of Correction:

1. Each SUD agency shall have a policies and procedures manual to establish compliance with Administrative Rules and procedures for reviewing and updating the manual according to ARSD 67:61:04:01. The agency's policies and procedures that reference ARSD still reference the old

Administrative Rules of Articles 46:05. The policies and procedures manual needs to be updated to reflect the new Administrative Rules in Articles 67:61 that went into effect in Dec 2016.

2. The client rights form needs to be updated to the ARSD 67:61:06:02. This went into effect in Dec. 2016. Two of the six guaranteed client rights should be updated to clearly identify all client rights. The following items from this Rule are added:
 - iii. To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system;
 - vi. The right to participate in decision making related to treatment, to the greatest extent possible.
3. The agency has clear policies and procedures on the storage of records, but it is recommended to identify processes that will ensure compliance with the timelines for closure of inactive clients, or those clients who have had no contact by phone or in person with the agency, as required in ARSD 67:61:07:04. The Rules promulgated in December 2016 now clearly define inactive clients and the timeframe in which case closure is needed. Dakota Pride should develop policies and procedures that will ensure staff compliance with this rule.
4. Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events according to ARSD 67:61:02:21. Each agency shall report to the division within 24 hours of any sentinel event including: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm or severe temporary harm and intervention require to sustain life.
5. The contract attachment requires agencies to publicize priority services for pregnant women, women with dependent children and IV users. The prioritized service needs to be documented in a policy and procedure. A policy for Limited English Proficient (LEP) will need to be put in place. Please reference your contract attachment 1.
6. When pulling client charts for review in the STARS database, it appears that the agency is not including noncontract units or the admission and discharge data for non-state funded clients in Level 3.7 Medically-Monitored Intensive Inpatient Treatment. The agency should ensure all clients, regardless of level of care and funding sources, are reported in STARS in accordance with ARSD 67:61:04:02.

CLIENT CHART REVIEW SUMMARY

Strengths: The integrated assessments are well organized and concise. The integrated assessments provide detailed information of the clients, including their strengths. The client charts are organized and easy to follow, including client admission paperwork, TB screening, and medical information. Continued Stay Reviews were well detailed and thorough.

Recommendations:

1. In review of the agency's charts, the agency's progress notes are missing a unique identification and units of service as required in ARSD 67:61:07:08.

2. According to ARSD 67:61:07:12, a tuberculin screening for the absence or presence of symptoms shall be conducted for each new client within 24 hours of the onset of services. Two out of the seven charts were missing a screening form.
3. According to ARSD 67:61:18:02, a client shall have a complete blood count and urinalysis within 72 hours after admission. Two out of the seven charts were missing a blood count and urinalysis.

Plan of Correction:

1. According to ARSD 67:61:07:06, a treatment plan shall be developed on an individualized basis upon the completion of an integrated assessment for each client admitted. The agency is recommended to utilize the client's individualized needs and strengths within the clients' treatment plan. The agency should include
 - a. Measurable objectives or methods leading to the completion of short-term goals including time frames for the anticipated dates of achievement or completion of each objective, or reviewing progress toward objectives, specification and description of the indicators to be used to assess progress, referrals for needed services that are not provided directly by the agency; and include interventions that match the client's readiness to change for identified issues;
 - b. The plan is completed within 10 calendar days of admission
 - c. Evidence of client's meaning full involvement in formulating the plan.
2. Medically-Monitored Intensive Inpatient (3.7) Treatment programs shall provide a minimum of 21 hours of individual, group, or family counseling per week. The program shall also provide a minimum of nine hours of additional services on specialized topics that address the specific needs of the client for a minimum total of 30 hours per week according to ARSD 67:61:18:05. The additional services shall be provided by an individual trained in the specific topic presented. The client charts did not have documentation to support the minimum number of service hours were being met.

In review of the agencies site visit conducted in 2015, this was also a plan of correction at that time. The accreditation team conducted a mid-point review in 2016 and at that time there was not documentation to support the minimum number of service hours this continued to not be shown during the 2017 review. Develop a process to indicate how clients are receiving the minimum number of service hours.